

Divergent Caregiver and Youth Perspectives Regarding Behavioral Health Needs and Psychosocial Functioning: An Exploratory Study

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To promote effectiveness in behavioral health treatment, the system of care framework and wraparound model accentuate the inclusion of families and children/youth as important stakeholders, not just as consumers. This has changed conventional practices; and youth and caregivers' perspectives have become integral to treatment planning and delivery. This study explored caregivers and youth's perspectives of behavioral health needs and psychosocial functioning, not previously examined for youth in wraparound services.

Methods

This exploratory study utilized data collected in a Midwestern, Suburban County as part of the national Child and Family Study of children/youth with complex behavioral health needs enrolled in a Medicaid funded wraparound program. The sample consisted of 25 caregiver-youth pairs. Measures of assessment included the Pediatric Symptom Checklist (PSC) and the Columbia Impairment Scale (CIS). Independent t-tests were used to examine differences in caregiver and youth perspectives.

Results

Sample. Youth's gender was balanced with 13 (52%) females and 12 (48%) males. Age ranged from 10 to 18, $M = 13.7$. The sample was predominately white (24 youth, 96%). Annual household income for 60% of families fell below \$50,000. All youth had multiple diagnoses, primarily depression, anxiety, trauma-stress related, or conduct disorders.

Perspectives. Yet, significant differences were identified in caregivers and youth's perspectives of youth's behavioral health based on the PSC measure, but no significant differences between caregivers and youth on the CIS measure. Responses showed that compared to youth, caregivers perceived a higher level of functional impairment in interpersonal relationships, academic, and community functioning. Further, caregivers' views of the severity of functional impairment varied based on the type of biological relationship with the youth. Birth parents tended to rate behavioral health needs and functional impairments lower than other relatives/caregiver, but the differences were not significant.

Conclusions & Implications

Divergent perspectives of youth and their caregivers of youth's behavioral health needs and psychosocial function, consistent with previous multi-informant studies of youth in treatment, have implications for behavioral health treatment services and research. Caregivers' opinions may carry more weight in accessing and planning services. As youth enter adulthood, they

make decisions about the need for and direction of treatment. Related clinical studies have also found a relationship between caregiver-youth agreement, outcomes, and service satisfaction.

Service Implications

- Awareness of and recognition of divergent perspectives is relevant.
- Related research found better outcomes with practitioners focused on areas of agreement.
- Within wraparound teams, especially for older youth, support youth in sharing their perspectives, informing care planning, and monitoring progress.
- Routinely integrate youth-focused decision-making into wraparound care coordination.

Research

- Replication of the study with a larger randomized diverse population to better identify and verify the extent of parental-youth agreement on the family's underlying needs and youth's disruptive behavioral and/or emotional distress.
- Further research is needed regarding youth-parental agreement on goals, and the impact on engagement and outcomes.
- The need to strengthen the evidence base for treatment models remains paramount.

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